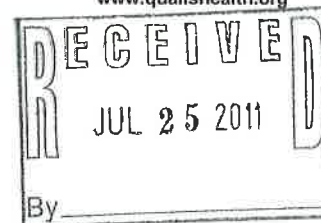




10700 Meridian Ave N • Suite 100
PO Box 33400
Seattle, WA 98133
Toll-Free: 800.949.7536
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www.qualishealth.org



July 21, 2011

Yauna Taylor
Paralegal
Gazewood & Weiner, P.C.
1008 16th Avenue, Suite 200
Fairbanks, AK 99701

Re: Request for Records Related to Justin Olsen

Dear Ms. Taylor,

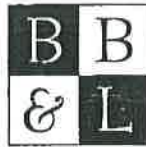
Enclosed please find documents in response to your request for records dated July 5, 2011.

I have enclosed a copy of the letter from our attorney that relates to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jan Cunningham', written over a horizontal line.

Jan Cunningham
Director of Contracts



Bennett Bigelow & Leedom, P.S.

Law Offices

Theresa J. Rambosek
Attorney
trambosek@bblaw.com

July 19, 2011

Via Facsimile Only (907-456-7058)

Yauna Taylor
Paralegal
Gazewood & Weiner P.C.
1008 16th Avenue, Suite 200
Fairbanks, AK 99701

Re: Qualis Health—Request for Records Related to Justin Olsen

Dear Ms. Taylor:

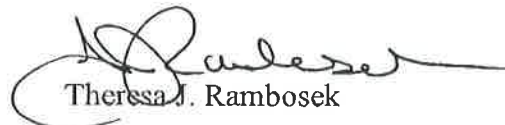
Our firm represents Qualis Health, which has asked that we respond to your letter of July 5, 2011. In that letter, you requested that Qualis Health provide to your firm “documents used during and pertaining to Qualis Health’s appeal review and subsequent May 11, 2010 denial” of Mr. Justin Olsen’s medical benefits. It is our client’s understanding that no additional appeal has been filed with respect to Mr. Olsen’s claim for benefits since May, 2010, and no litigation with respect to this matter is pending.

Under separate cover by US Mail or express mail service, Qualis Health will provide: (1) a copy of Mr. Olsen’s medical records, in accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 and AS Sec. 18.23.005; and (2) the additional clinical rationale used in Qualis Health’s appeal decision, as referred to in the “Upheld Appeal Notice” dated May 11, 2010. It appears that this is all of the information that Qualis Health is required to provide at this time.

If you have any questions concerning this letter or the documents provided, please do not hesitate to contact me.

Very truly yours,

BENNETT BIGELOW & LEEDOM, P.S.



Theresa J. Rambosek

TJR:lmn

cc: Jan Cunningham
Qualis Health

{0471.00062/M0400114.DOCX; 1}



PO Box 33400
Seattle, WA 98133-0400
www.qualishealth.org



CONFIDENTIAL AND ADVISORY
ALASKA TEAMSTER-EMPLOYEE WELFARE TRUST
CLINICAL RATIONALE

July 19, 2011

JUSTIN OLSEN
1075 CLOVERLEAF DR
NORTH POLE, AK 99705

Patient:	Justin Olsen	Date of Birth:	06/17/1982
Insurance ID:	959103757	Physician:	Larry Wolford, M.D

Qualis Health has had the opportunity to review a request for an Arthroplasty, Temporomandibular Joint, with Prosthetic Joint Replacement.

Initial review resulted in a denial due to insufficient information provided. No x-ray documentation was provided and there was no indication whether the arthroplasty of the TMJ was due to inflammatory arthritis (rheumatoid, etc). No evidence that conservative treatment had been tried and failed. A peer-to-peer call noted that there was not inflammatory arthritis and that the patient had tried a variety of medications over the previous 2-3 years. The requesting physician was going to send the CT scan and interpretation to be reviewed but this was never received. On appeal which was reviewed by a different physician, the denial determination was upheld. The appeals reviewer noted that the occlusion appeared to be functional. At the time of the appeal, there were no records documenting the physical exam performed by the surgeon. Imaging was reviewed by the appeals reviewer. This reviewer felt that the imaging was consistent with prior surgery to the area at an early age (11 years) in a now 27 year old adult. The appeals reviewer felt that the symptoms described did not indicate the need for a total joint replacement which would have a high risk of not addressing the patient's current pain.

Sincerely,

Eric M. Wall, MD, MPH
Senior Medical Director

LARRY M. WOLFORD, DMD*Oral and Maxillofacial Surgery*

March 31, 2010

PATIENT NAME: Justin Olsen
 INSURED NAME: Justin Olsen
 GROUP NUMBER: 9591
 MEMBER'S ID: 959103757
 DIAGNOSIS DATE: March 17, 2010

To Whom It May Concern:

I am submitting a letter of preauthorization for my patient, Justin Olsen. He was referred to me for diagnosis and correction of the following problems:

- | | |
|------------------------|--------|
| 1. Right TMJ arthritis | 714.30 |
| 2. Pain | 784.00 |

An additional required procedure for the design and construction of the TMJ total joint prostheses, for this patient, is:

- | | | |
|------------------------------------|-------|-------------|
| 1. CT scan (TMJ Concepts protocol) | 70488 | \$ 2,000.00 |
|------------------------------------|-------|-------------|

The surgical procedures necessary to correct these problems are as follows:

- | | | |
|---|----------|-------------|
| 1. Right TMJ reconstruction with total joint prostheses (TMJ Concepts system) | 21243 | \$16,000.00 |
| 2. Abdominal fat graft to bilateral TMJs (includes harvesting) | 15770 | \$ 2,300.00 |
| 3. Application of maxillary and mandibular arch bars | 21110-50 | \$ 4,000.00 |
| 4. CT evaluation | 76380 | \$ 2,050.00 |
| 5. Presurgical evaluation | 99244 | \$ 485.00 |
| 6. Cephalogram | 70350 | \$ 150.00 |
| 7. Panorex | 70355 | \$ 145.00 |
| 8. Tomograms | 70330 | \$ 330.00 |
| 9. Hospital admission | 99222 | \$ 355.00 |
| 10. Discharge | 99239 | \$ 345.00 |
| 11. Hospital visits | 99233 | \$ 500.00 |

These fees are current and subject to change without notice. This letter is not considered a contract but an estimate of charges. The diagnosis and treatment codes are also subject to change over the course of treatment and/or surgery.

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1 new r had braces -
 a) no -

EXHIBIT 3
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RE: Justin Olsen
March 31, 2010
Page 2

The patient will be hospitalized at Baylor University Medical Center as an inpatient for approximately three days. Baylor Hospital will bill the insurance company \$14,500.00 per side for each prosthesis. A physician anesthesiologist and hypotensive anesthesia will be necessary.

In order that our patient's family may fully understand their financial responsibilities, we request that you inform us, **in writing**, as to the benefits and coverage under the current insurance contract. Also, please inform us as to the patient's deductible, out-of-pocket expense, and if these fees are within your reasonable and customary limits.

The surgical treatment is performed for the correction of the functional problems associated with temporomandibular joint pathology (severe bilateral arthritis), severe TMJ pain, headaches, myofascial pain, and masticatory dysfunction.

If further information is necessary, please contact this office.

Sincerely,



LARRY M. WOLFORD, DMD

LMW:lw

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Patient:	Justin Olsen
DOB:	06/17/1982
Referred by:	
Study Date:	01/26/2010

Let's French!

SNY VIEW

All Lateral & Frontal Images are actual size (1:1)

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APR 5 2010
EXHIBIT 3
Page 6 of 1

T

Device Name: i-CAT 3D Dental Imaging System

Pat. Name: Olsen, Justin

Pat. Reg. No: 1

Date of Birth: 03/17/1992

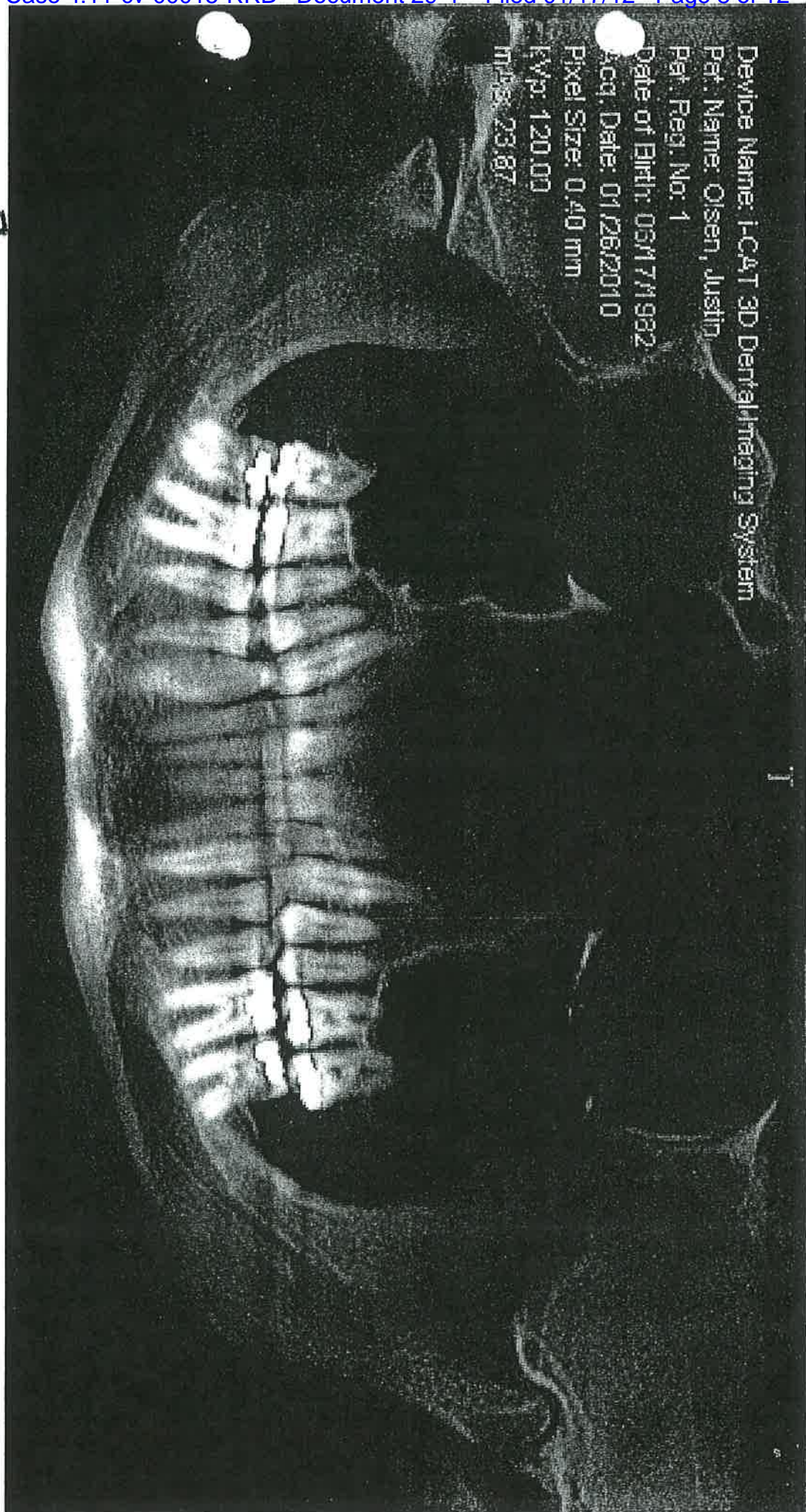
Acq. Date: 01/26/2010

Pixel Size: 0.40 mm

kVp: 120.00

mAs: 23.87





JUSTIN OLSEN

03/12/2010

Justin is 27 years old. Justin had a right condylar hyperplasia probably type 2 that was resected at age 11 years. He has done well since that time until more recently. He was diagnosed with a pituitary tumor which was removed in August 2007. He was on prednisone until November 2007. Then his jaw started hurting and he developed daily headaches on the right side. He rates his daily headaches at a level of 7 in the frontal, temporal, posterior, and on the top of the head. He rates his TMJ pain at 7, average daily pain at 5, jaw function at 1, diet at 1, disability at 0. He has no trouble with earaches, tinnitus, nor vertigo. No other joints bother him. He is not aware of clenching or bruxism. He takes the following medications:

1. Diazepam.
2. Magnesium citrate.
3. Unisom sleep tabs.
4. Prilosec.

RADIOGRAPHIC EVALUATION. Panorex shows the absence of all four third molars. He appears to have a Class I cuspid relationship on the left side and Class II end-on cuspid relationship on the right side. The left condyle looks relatively normal in size and shape. The right condyle is quite short and stumpy being very short vertically and broad anteroposteriorly. The articular eminence is flat. The condyle functions anterior to the fossa on the flattened articular eminence area. The vertical height of the ramus on the right side appears short vertically.

TMJ sagittal view radiographs show that the left condyle has relatively normal morphology, although somewhat posteriorly positioned in the fossa with some slight anterior beaking. Articular eminence has a moderate inclination.

Right sagittal view shows extreme flattening on the top of the head of the condyle with cortical bone on the top. There is decreased joint space between the condylar head and the articular eminence. The articular eminence is quite flat and broad in an anteroposterior dimension. It has a relatively shallow slope to it.

Coronal view left TMJ shows a broad condylar head with decreased vertical joint space particularly at the lateral aspect of the joint. The lateral rim of the fossa is fairly flat.

Right TMJ coronal view shows a flattened condylar head with significant loss of vertical volume. The condyle is functioning anterior to the fossa area on the articular eminence. There is a medial extension that provides reasonably good interface. The joint space is quite narrow vertically.

Lateral cephalometric radiograph shows that there is a vertical difference in the occlusal plane by probably 2 to 3 mm. The inferior border of the mandible on the right side is shorter than the left side by probably 2 to 3 mm. Oropharyngeal airway looks normal. The patient appears to have a Class I skeletal and occlusal relationship, although slight Class II occlusion on the right side.

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JUSTIN OLSEN

03/12/2010

2

Dental model analysis confirms that there is a Class I occlusion on the left side, Class II end-on on the right side, and the mandibular dental midline has shifted towards the right 2 to 3 mm.

Primary concerns the patient has include the following:

1. Jaw pain on the right side.
2. Right sided headaches including the top of the head and the forehead.
3. Face pain and pressure in both cheeks.
4. Eyes burn.
5. Pain behind right eye.

I suspect that there is probably no articular disc on the right side. Probably the surgery involved opening the mouth significantly to get to the pituitary gland likely through a Le Fort I osteotomy, although there are no plates or wires seen on the x-rays. However, it is possible that the joint may have been stressed resulting in the subsequent current pain issues.

Basic diagnoses would be as follows:

1. Right TMJ arthritis.
2. Right TMJ pain.
3. Right sided headaches and myofascial pain.

Recommended treatment would be:

1. CT scan of jaws and jaw joints. \
2. Surgery.
 - a. Right TMJ reconstruction with TMJ Concepts total joint prostheses.
 - b. Right TMJ fat graft (harvest from the abdomen).
 - c. Arch bars if orthodontic appliances are not applied.

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APR 5 2010

JUSTIN OLSEN

03/10/2010

DATE OF BIRTH: 06/17/1982

AGE: 27

The patient previously was diagnosed with unilateral right condylar hyperplasia and on April 15, 1994, had a condylectomy performed on the right TMJ. He apparently has had no other surgical procedures to the jaws. The primary concerns that he has at this time are as follows:

1. Jaw pain right side.
2. Headaches right side and top of head as well as in the forehead area.
3. Facial pain and pressure in both cheeks.
4. Eyes burning and pain behind right eye.

He had a pituitary tumor removed in August 2007 and he was on prednisone until November 7. Then his jaw started to hurt and he got daily headaches on the right side and top of the head and forehead area since that time. The headaches occur daily and in addition he has moderate neck pain. He is not aware of clenching or bruxing at night. He has no trouble with earaches, ringing in the ears, or lightheadedness or dizziness. No other joints bother him. He rates his TMJ pain at 4, headaches at 7, and average daily pain around the head and neck area at 3. He rates his jaw function at 1, diet at 1, and did not rate his disability.

He takes the following medications:

1. Diazepam 5 mg tablets.
2. Magnesium 250 mg tablets.
3. Prilosec 25 mg.
4. Unisom sleeping tablet 1 tablet each night.

He is currently suffering from an upset stomach with the use of Tylenol with Codeine No. 3. He does not appear to have any significant airway issues, although he does have occasional loud snoring and moderate daytime tiredness. He does have some mild difficulties sleeping at night.

RADIOGRAPHIC EVALUATION. Panorex shows the absence of all four third molars, but the rest of the teeth are present. The right condyle is quite flattened and very short in vertical height secondary to previous surgery. There is cortical bone across the top of the condyle. The condyle has a mushroom shape to it. The articular eminence looks quite flat. The sinuses look relatively clear. The nasal septum looks good and turbinates appear relatively normal in size.

Left TMJ appears to have a relatively normal architecture. There is a little bit of anterior beaking on the condylar head. The joint space may be slightly decreased posteriorly. The articular eminence is moderately steep.

Right TMJ sagittal view shows a condyle that is postured somewhat forward in the fossa beneath the flattened articular eminence. The head of the condyle is quite flat. There is decreased vertical joint space at the anterior aspect of the condyle. The articular eminence is fairly flat.

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JUSTIN OLSEN

03/10/2010

2

Left TMJ coronal view shows a condyle that has fairly good morphology and width, but there is probably decreased joint space on the anterior left side.

Right coronal view shows a condyle that is quite flattened with significant loss of vertical volume. It is fairly close between the fossa and the head of the condyle. There is good airway. He has a skeletal and occlusal Class I relationship. There is a slight vertical discrepancy at the occlusal plane level and inferior border of the mandible with the right side being shorter by about 3 mm.

Dental model analyses shows that he has a Class I cuspid-molar on the left side and a Class II end-on cuspid-molar relationship on the right side. The mandibular dental midline is shifted 2 mm off to the right side.

I suspect he had a low condylectomy performed and the articular disc is probably repositioned over the condyle.

Diagnoses:

1. Previously treated condylar hyperplasia of right mandibular condyle with low condylectomy.
2. Right TMJ pain.
3. Right-sided headaches.
4. Class II end-on occlusion on the right side and Class I occlusion on the left side.
5. Probable mild facial asymmetry with the chin shifted to the right (no photographs were available for evaluation).

Recommended surgery would be as follows:

1. Right TMJ reconstruction with TMJ Concepts total joint prostheses.
2. Fat graft to right TMJ.

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EXHIBIT 3
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